Jnited States Bankruptcy Court SOUTHERN DISTRICT OF TEXAS P.O.Box (Houston Division)			PROOF OF CLAIM	
Name of Debtors		Case Number		
Stage Stores, Inc., a Delaware corp Specialty Retailers, Inc., a Texas co Specialty Retailers, Inc. (NV), a New	orporation vada corporation	00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	788-13680 Creditor ID#:	
*place an "x" beside the name of the Debtor against	you are filing a claim		United States Bankruptcy Court Southern District of Texas	
Name of Creditor (The person or other entity to money or property): Conectiv Power Delivery	whom the debtor owes	Check box if you are aware that anyone else a filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	JUL 2 7 2000	
Name and address where notices should be s ***********************************	DC 900	Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the	Michael N. Milby, Clerk	
Account or other number by which creditor id		court. Check here replaces	iously filed claim, dated:	
1. Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other 2. Date debt was incurred:	· · · · · · · · · · · · · · · · · · ·	Retiree benefits as defined in 11 U Wages, salaries, and compensation Your SS#: Unpaid compensation for services from to	n (Fill out below) performed (date)	
additional charge:	ed to priority, also completer or other charges in additions.	te Item 5 or 6 below. In to the principal amount of the claim.	Attach itemized statement of all interest or	
 Secured Claim. — Check this box if your claim is secured by right of setoff). — Brief Description of Collateral: — Real Estate — Motor Vehicle — Other All personal and intangible property. Value of Collateral: \$ Amount of arrearage and other charges at tirk secured claim, if any \$ 	erty of Debtor's Estate ne case filed included in	6. Unsecured Priority Claim. Check this box if you have an unsecured priority claim Amount entitled to priority \$ Specify the priority of the claim: Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). Other - Specify applicable paragraph of 11 U.S.C. § 507(a). *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
The amount of all payments on this class the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of notes, purchase orders, invoices, itemized statemed court judgments, mortgages, security agreements, DO NOT SEND ORIGINAL DOCUMENTS. If the deexplain. If the documents are voluminous, attach a explain. If the documents are voluminous, attach a enclose a stamped Copy: To receive an acknown enclose a stamped, self-addressed envelope and compared to the copy of power of attorned to the copy of the cop	of supporting documents, such that of running accounts, contrained evidence of perfection of locuments are not available, summary. Swiedgment of the filing of your copy of this proof of claim.	n as promissory racts, f lien.	— This-Space is for Court Use Only——	

V/ARHST ICS VIEW ACCOUNTS RECEIVED *TRANS CANCELED	ABLE HISTO - DPLDC	07/24/00 11: LE
2055054-9999-1 SPECIALTY RETAILERS-NC 2601-34-6060- POCOMOKE PZ		PAGE 1 STA: INA TYPE OKE CITY
	PAYMENT RATING P RATE SCHEDULE: SG SIC LI BILL CLOSING DATE 0.00 N/E OFFER	SBASIC IN LLNO I 06/29/00
TRANS BILL DATE MONTH DESCRIPTION	TRANS AMOUNT	BALANCE
07/24/00 PAYMENT DEBIT TRANSFER 07/19/00 PAYMENT 06/29/00 JUN ELECTRIC REVENUE 06/29/00 PAYMENT DEBIT TRANSFER 06/29/00 A/R CREDIT TRANSFER 06/28/00 JUN ELECTRIC REVENUE 06/20/00 PAYMENT 05/30/00 MAY ELECTRIC REVENUE 05/19/00 PAYMENT 04/28/00 APR ELECTRIC REVENUE 04/14/00 PAYMENT 03/28/00 MAR ELECTRIC REVENUE 03/14/00 PAYMENT 03/07/00 PAYMENT	1,741.93 1,741.93- 0.00 1,312.16 1,741.93- 1,741.93 1,312.16- 1,312.16 1,035.72- 1,035.72- 1,079.94- 1,079.94- 997.26- 949.59-	2,442.66 700.73 2,442.66 2,442.66 1,130.50 2,872.43 1,130.50 2,442.66 1,130.50 2,166.22 1,130.50 2,210.44 1,130.50 2,127.76

PF KEYS: PF13=HELP PF14=REMARKS PF15=ADJ/VIEW PF19=PRIOR PF20=NEXT PF21=CA

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United States Bankruptcy Court 61288, Houston TX 77208	SOUTHERN DISTRICT OF TEXAS P.O.Box (Houston Division)		PROOF OF CLAIM	
Name of Debtors	(1.10±01011 D11	<u> </u>		
Stage Stores, Inc., a Delaware co Specialty Retailers, Inc., a Texas (Specialty Retailers, Inc. (NV), a No.	corporation	Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	788-13680 Creditor ID#:	
*place an "x" beside the name of the Debto against	or you are filing a claim			
Name of Creditor (The person or other entity to money or property): Conectiv Power Delivery	o whom the debtor owes	Check box if you are aware that anyone else a filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Name and address where notices should be ***********************************		Check box if you have never received any notices from the bankruptcy court in this caseCheck box if the address		
Wilmington DE 19886-5304	· · · · · · · · · · · · · · · · · · ·	differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor 20555555	identifies debtor:	Check here replaces if this claim amends a previ	iously filed claim, dated:	
1. Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other		Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (Fill out below) Your SS#: Unpaid compensation for services performed from to (date) (date)		
 Date debt was incurred: Total Amount of Claim at Time Case File If all or part of your claim is secured or entit 	d: \$ 2440 66 ded to priority, also comple	3. If court judgment, date ob	tained:	
	or other charges in addition		Attach itemized statement of all interest or	
5. Secured Claim. — Check this box if your claim is secured to right of setoff).	by collateral (including a	*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to		
Brief Description of Collateral: Real Estate Motor Vehicle Other All personal and intangible prop	erty of Debtor's Estate			
Value of Collateral: \$ Amount of arrearage and other charges at t secured claim, if any \$	<u>ime case filed</u> included in			
 7. Credits: The amount of all payments on this of the purpose of making this proof of claim. 8. Supporting Documents: Attach copies notes, purchase orders, invoices, itemized statem court judgments, mortgages, security agreements 	of supporting documents, such ents of running accounts, cont	n as promissory racts.	This Space Is for Court Use Only	
DO NOT SEND ORIGINAL DOCUMENTS. If the explain. If the documents are voluminous, attach. Date-Stamped Copy: To receive an acknowledge a stamped, self-addressed envelope and	documents are not available, a summary. lowledgment of the filing of you			
Sign and print the name and till (attach copy of power of attorn	tle, if any, of the creditor or oth ey, if any):	er person authorized to file this claim		
Penalty for presenting fraudules	nt claim: Fine of up to \$500,00	0 or imprisonment for up to 5 years, or both. 1	18 U.S.C. §§ 152 and 3571.	

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PAYMENT

PAYMENT

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V/ARHST ICS VIEW ACCOUNTS RECEIVABLE HISTO - DPLDC 07/24/00 11: COMMAND: LE*TRANS CANCELED OCA PAGE 2055054-9999-1 SPECIALTY RETAILERS-NC ACCT STA: INA TYPE 2601-34-6060- POCOMOKE PZ POCOMOKE CITY ACTION==> (A=ADJUST V=VIEW) SUPPLIER DELMARVA POWER DIST CO PAYMENT RATING P 233 333 2NO 000 SERVICE TYPE: ELECTRIC RATE SCHEDULE: SGSBASIC S/R 20/SGD RATE CODE: 11 SIÇ LLN LLNO LAST MO BILLED 06/00 BILL CLOSING DATE 06/29/00 ASSOC ACCT: BALANCE: 0.00 N/E OFFER: N TRANS BILL DATE MONTH DESCRIPTION TRANS AMOUNT BALANCE 07/24/00 PAYMENT DEBIT TRANSFER 1,741.93 2,442.66 07/19/00 PAYMENT 1,741.93- 700.73 06/29/00 JUN ELECTRIC REVENUE 0.00 2,442.66 1,312.16 06/29/00 PAYMENT DEBIT TRANSFER 2,442.66 06/29/00 A/R CREDIT TRANSFER 1,741.93-1,130.50 06/28/00 JUN ELECTRIC REVENUE 1,741.93 2,872.43 06/20/00 PAYMENT 1,312.16-1,130.50 05/30/00 MAY ELECTRIC REVENUE 2,442.66 1,312.16 05/19/00 PAYMENT 1,035.72-1,130.50 04/28/00 APR ELECTRIC REVENUE 1,035.72 2,166.22 04/14/00 PAYMENT 1,079.94~ 1,130.50 03/28/00 MAR ELECTRIC REVENUE 1,079.94 2,210.44 03/14/00

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